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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Liberia

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Liberia with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $2,000,000 from general resources, subject to the availability of funds, and $2,500,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.4
U5MR (per 1,000 live births)	217
IMR (per 1,000 live births)	144
Underweight (% moderate and severe) (1976)	20
Maternal mortality rate (per 100,000 live births) (1990)	560
Literacy (% male/female) (1995)	54/22
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1995)	46
Access to health services (%) (1985)	39
GNP per capita	a/

One-year-olds fully immunized against:

tuberculosis:	84 per cent
diphtheria/pertussis/tetanus:	43 per cent
measles:	44 per cent
poliomyelitis:	45 per cent

Pregnant women immunized against:

tetanus:	35 per cent

a/ Estimated to be low-income ($725 or less).

THE SITUATION OF CHILDREN AND WOMEN

1. Since the civil war began in Liberia at the end of 1989, of the country's estimated population of 2.9 million, more than 150,000 people have been killed, 800,000 have fled to neighbouring countries for safety and a further 1 million have been internally displaced. Almost 75 per cent of the Liberians remaining in the country are concentrated in the few safe areas controlled by the peace-keeping force provided by the Economic Community of West African States. Most of the country is still controlled by armed factions and access is limited. The economy has collapsed and the physical infrastructure has been largely destroyed. A comprehensive peace agreement, which established a Council of State comprised of leaders of the factions, was signed in Abuja, Nigeria, in August 1995. Because of the extreme brutality of the war, much of the population is traumatized and children are particularly affected. Approximately 15,000 to 20,000 of the armed combatants are children, and up to 10 per cent of them are girls. Very large numbers of women and girls have been physically or sexually abused.

2. The population is largely confined to the two main urban areas of Monrovia and Buchanan. Services such as electricity, water supply and garbage collection have ceased. In rural areas, insecurity has left the few remaining residents unable to farm. Many areas remain inaccessible to aid agencies and devoid of all humanitarian assistance.

3. Accurate data are not available given the volatile situation. However, surveys estimate that in the six years since the outbreak of war, the infant mortality rate has increased from 134 to 144 per 1,000 live births and the under-five mortality rate (U5MR) from from 205 to 217 per 1,000 live births. Liberia now has the ninth highest U5MR in the world. The major causes of child mortality are malaria, diarrhoeal diseases, acute respiratory infections (ARI) and malnutrition. The rate of acute malnutrition among children under five years of age ranges from 9.3 to 40 per cent, depending on the location.

4. Liberia has plentiful natural water resources. Prior to the war, however, only 23 per cent of the rural population had access to a safe water supply and sanitation facilities were not common. In Monrovia, aid agencies have made massive efforts to provide safe water and sanitation facilities, but the ever moving and increasing population leaves the city squalid and unhealthy.

5. In 1988, only 34 per cent of school-age children entered first grade. Now, the education system has virtually collapsed outside of urban areas. In 1995, Monrovia and two other safe areas had a net enrolment of 56 per cent, with negligible gender disparity.

PROGRAMME COOPERATION, 1994-1996

6. The situation in Liberia has remained tense during 1994-1996. UNICEF has concentrated on the safe areas where most people live, implementing health and nutrition, water and sanitation, and education programmes for the internally displaced in camps and shelters. These services have been supplemented by trauma counselling for children and women, peace education and training in conflict resolution. Services were provided to other areas when security permitted. To facilitate programme activities, UNICEF established a base in Buchanan, which has a population of 150,000. The strategy has evolved to focus on longer-term, sustainable programmes using a broad spectrum of partners, while maintaining the capacity to respond effectively to the emergency situations that frequently arise.

7. The health and nutrition programme introduced the Bamako Initiative in six pilot villages. The strategy for the delivery of health service involves partnership with government and community groups and non-governmental organizations (NGOs). Capacity-building focuses on revitalizing health facilities and services. Seventy health facilities and three county health teams are functioning. In Montserrado county (including Monrovia), immunization coverage have increased from 32 to 57 per cent since 1994.

8. The water and sanitation programme minimized outbreaks of disease by providing and chlorinating wells and hand-pumps, and by constructing group latrines in urban, peri-urban and rural areas. Approximately 500,000 people in Monrovia and an additional 60,000 displaced people and 80,000 rural residents

gained access to safe drinking water, and about 250,000 benefited from sanitation services. Communities were given cleaning tools and taught chlorination techniques for purifying drinking water. Intensive health and hygiene education included the establishment of oral rehydration therapy corners in health facilities. Light drilling rigs installed six wells for hospitals, shelters and orphanages.

9. UNICEF, the Ministry of Education, teachers' associations, NGOs and communities are collaborating to revitalize basic education services. Support was provided for community construction of temporary schools in shelters for displaced persons, as were basic educational supplies, and three curriculum centres were renovated. Intensive in-service training was provided to over 1,000 teachers. Teachers and community members were taught conflict resolution and mediation techniques.

10. The greatest challenge has been to respond to the needs of war-affected women and children. UNICEF has supported a wide range of innovative projects, including trauma counselling, peace education and skills training for former child soldiers and other war-affected young people, physical rehabilitation of children disabled by the war and family tracing and reunification. Other activities included support for orphans and monitoring of services provided by orphanages, support for women's groups to provide counselling and legal aid and income-generating skills for abused women and girls.

11. In all programmes, community mobilization and education have stressed the rights of the child. Facts for Life was translated into a major local language and used in community literacy classes. Workshops on child rights were held for the Transitional Legislative Assembly and for heads of political parties. Through local NGO partners, the attention of the Council of State was drawn to the widespread abuse of the rights of children and the need to protect those rights. The same message reached communities through radio broadcasts and brochures on the Convention on the Rights of the Child.

12. UNICEF assisted the Government with a multiple indicator cluster survey as all systems for routine data collection have collapsed and even pre-war data have been lost or destroyed. The survey covered three safe areas and provided useful baseline data for planning.

Lessons learned

13. Programme implementation has been made difficult by the absence of effectively functioning government structures. In the new programme, special attention will be given to strengthening the capacity of non-governmental institutions so that there will be capacity for the provision and management of basic services at the community level.

14. Advocacy for child rights was not as effective as it should have been because of a lack of partners. In the new programme, UNICEF will collaborate with civic groups to advocate intensively for child rights, particularly the demobilization of child soldiers.

RECOMMENDED PROGRAMME COOPERATION, 1997-1998

Estimated annual expenditure
(In thousands of United States dollars)

	1997	1988	Total
General resources			
Health and nutrition	325	300	625
Water and environmental sanitation	100	100	200
Children in especially difficult circumstances and education	125	150	275
Information, communication and advocacy	100	125	225
Programme support	350	325	675
Subtotal	1 000	1 000	2 000
Supplementary funding a/			
Health and nutrition	350	350	700
Water and environmental sanitation	400	400	800
Children in especially difficult circumstances and education	500	500	1 000
Subtotal	1 250	1 250	2 500
Total	2 250	2 250	4 500

a/ The amount of supplementary funding is based on the assumption that an inter-agency appeal will be launched in 1997.

Programme goals, objectives and strategies

15. Given the uncertain prospects for peace in Liberia, a short-duration programme is appropriate. The principal objectives of the programme will be to (a) advocate for and promote the protection of the rights of children; and (b) facilitate the psycho-social and physical rehabilitation of war-affected children and women. The strategy will continue to focus on longer-term sustainable humanitarian assistance and development, while retaining the capacity to respond rapidly to emergency situations. The balance between development and relief will be flexible, depending on the security situation. Extending coverage of basic services to previously inaccessible areas should encourage people to return home. As geographic coverage expands, communities will be assisted to assume responsibility for much of the management and maintenance of basic services. The strategy will also involve giving higher priority to social mobilization and advocacy, education and psycho-social and physical rehabilitation.

Health and nutrition

16. The programme objective is to provide primary health care country-wide. Government capacity will be strengthened at both central and county levels as security permits. Technical and material support will be provided for reactivation of health facilities and county health teams, using the principles of the Bamako Initiative. Health personnel will receive in-service training to upgrade their skills and improve supervision. Community capacity to manage and sustain health services will be strengthened. Efforts to reduce child mortality will focus on malaria prevention, using impregnated mosquito nets, combined with the promotion of effective case management of malaria, diarrhoea and ARI. Maternal health services will be improved through the training of traditional birth attendants, support to women's groups and advocacy for ending such harmful practices as female genital mutilation. Immunization activities will be integrated into maternal and child health services and will continue to be implemented by both government and NGO partners to expand sustainable coverage.

17. Community-based nutritional surveillance and nutrition education will include an assessment of micronutrient deficiencies. Vitamin A supplementation will cover the most affected areas. Emergency interventions will respond to outbreaks of diseases such as cholera and yellow fever. Acute malnutrition will be addressed in liaison with the Government, the World Food Programme, the World Health Organization and concerned NGOs.

Water and environmental sanitation

18. The provision of safe water and sanitation facilities in rural areas will be a priority, especially for returning displaced and refugee populations and for clinics, hospitals, schools and communities in rural and peri-urban areas. Communities will help to select sites and manage and maintain services. Technology will include shallow dug wells, drilled wells and hand-pumps, depending on conditions. Existing water points will be rehabilitated and upgraded to provide better quality and quantity of water.

19. Local NGOs will continue to train community teams and undertake implementation activities, but increasingly, personnel from the Ministry of Rural Development will receive in-service training in the construction of wells and the installation and maintenance of hand-pumps. The Government's policy on standardization will be supported and promoted among NGO partners. Emergency interventions, as needed, will continue to provide safe water and sanitation facilities to displaced people and those living in shelters or overcrowded peri-urban areas.

Children in especially difficult circumstances and education

20. The major objective is to assist the Ministry of Education to extend basic primary education to all children. Capacity-building activities will include intensive teacher training, the production and distribution of educational materials and the revision of the school curriculum to include peace education, conflict resolution and trauma management. The empowerment strategy will encourage child soldiers and wounded children to return to formal and non-formal educational services. Special emphasis will be placed on girls and young women subjected to violence, whose physical and psycho-social rehabilitation and

reintegration into community life will be facilitated through family reunification, skills training, peace education and physical rehabilitation. The trauma recovery programme will develop capacities to train community members to employ both traditional and contemporary counselling techniques to help traumatized children recover. Professional counselling for severely traumatized children will continue.

Information, communication and advocacy

21. Information and communication will help to integrate advocacy for children's rights into all programmes through a strategy of community mobilization aimed at awareness-raising and behavioural change. This will focus on the Bamako Initiative, the construction and management of community schools, health and hygiene education, HIV/AIDS education and community management of water resources.

Monitoring and evaluation

22. UNICEF will continue to support and collaborate with government agencies and NGOs in the collection and analysis of gender-disaggregated data for programme monitoring. The capacity of UNICEF to act as a source of information on children and women will be enhanced through thematic and programme-focused studies and evaluations. The situation analysis will be updated periodically.

Programme management

23. The Ministry of Planning and the local office of the Department of Humanitarian Affairs are responsible for coordinating UNICEF support with the assistance provided by other relief and development agencies. Plans of action for all projects will be prepared each year jointly with the Government and implementing NGOs. These plans will be reviewed at joint annual reviews involving UNICEF, the Government and NGOs. Within UNICEF, the health, education and information/communication units will work together closely to ensure integrated programming and coherent strategies for health and hygiene education and community mobilization.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : LIBERIA
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/c (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	625			625	0	0	0	1	0	0	1	2	0	3	299.5	161.7	461.2
WATER AND ENVIRONMENTAL SANITATION	200			200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
CEDC AND EDUCATION	275			275	0	0	0	0	0	0	0	2	1	3	0.0	196.9	196.9
INF., COMMUN. AND ADVOCACY	225			225	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	675			675	0	0	0	0	1	0	1	1	6	8	271.7	261.1	532.8
TOTAL GR	2,000			2,000	0	0	0	1	1	0	2	5	7	14	571.2	619.7	1,190.9
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	700	700	0	0	0	0	0	0	0	1	5	6	0.0	216.3	216.3
WATER AND ENVIRONMENTAL SANITATION		0	800	800	0	0	0	1	0	0	1	2	2	5	299.5	191.9	491.4
CEDC AND EDUCATION		0	1,000	1,000	0	0	0	1	0	0	1	0	2	3	459.5	72.2	531.7
INF., COMMUN. AND ADVOCACY		0	0	0	0	0	0	0	0	0	0	1	2	3	80.0	152.0	232.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	1	11	12	240.0	417.8	657.8
TOTAL SF		0	2,500	2,500	0	0	0	2	0	0	2	5	22	29	1,079.0	1,050.2	2,129.2
TOTAL GR & SF	2,000	0	2,500	4,500	0	0	0	3	1	0	4	10	29	43	1,650.2	1,669.9	3,320.1
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs 967.4 Staffing				0	0	1	1	1	0	3	2	8	13	926.1	458.8	1,384.9
GRAND TOTAL (GR+SF+ADM)					0	0	1	4	2	0	7	12	37	56	2,576.3	2,128.7	4,705.0
Number of posts and staff costs:																	
Current programme cycle											7	12	37	56			
At the end of proposed programme cycle (indicative only)											7	12	37	56	2,576.3	2,128.7	4,705.0

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.
c/ Additional funding for staff costs will come from Inter-agency Emergency Appeal.